

CONTROL NO.

REPORTS INVENTORY

DD5/OC-004

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Yearly Accomplishments

2. TYPE
OF
REPORT

STATISTICAL

XX NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

XX COMMUNICATIONS

4. NO. OF COPIES PREPARED

1

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Annually

6. DISTRIBUTION (No. of components not
number of copies)

1

7. FORMAT (memorandum, form
computer print-out, etc)

Memo

8. ADP PROCESSING

YES

IF YES GIVE ADP PROCESSING NO.

XX NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

At direction of DDS

10. PREPARING COMPONENT (include lowest level
contributing information to report)

OC-CCD/CCL

11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

None

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
13, Step 3	\$ 8.50		12		\$103.00		1		\$103.00
14, Step 3	10.07		12		121.00		1		121.00
16, Step 5	14.46		1		14.00		1		14.00
5, Step 5	3.57		6		21.00		1		21.00
TOTALS									\$259.00

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

By direction.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

XX RETAIN AS IS ☐ OTHER (explain)

☐ CHANGE

☐ DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

STAT

15. DATE OF INVENTORY

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16. EXTENSION

7 Oct. 70